

June 7, 2000

Via Federal Express
Tracking No. 801060024674

Jeff S. Jordan, Esq.
Supervisory Attorney
Central Enforcement Docket
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: MUR 5016

Dear Mr. Jordan:

Thank you for the opportunity to respond to your letter dated May 24, 2000 in connection with the attached complaint from John S. Hicks.

The complaint is without basis in law and fact and should be dismissed in its entirety.

Below, I have responded to each section of the complaint.

1. **FACTUAL BACKGROUND**

- Contrary to the allegation in the complaint, the complaint's own Attachment A does not state that Larry Graham is a candidate for Congress. It is merely stationery used for my Exploratory Committee. I was not a declared candidate on the date noted of February 10, 2000. I did not declare my candidacy until May 2000.
- Contrary to the second paragraph under "Factual Background", Progressive Management Associates, Inc. ceased doing business in June 1999 and has not been active since that time, so therefore I am not the Chief Executive Officer for Progressive Management Associates, Inc. as of the date in question.
- Progressive Management Associates, Inc. (hereinafter referred to as the "Corporation") was incorporated on April 2, 1993, but ceased doing business in June 1999.
- On June 9, 1999, Progressive Management Associates, Inc. sent a letter to the New York State Department of Taxation and Finance requesting Consent for Dissolution of the "Corporation" because it became inactive at that time. A copy of that letter is annexed hereto and made a part hereof as *Exhibit "A"*.
- The New York State Department of Taxation and Finance responded by Notice dated 9/20/99 withholding its consent of our intended dissolution until it received a customary end-of-the-year tax return. Their response was based on the fact that a corporation cannot be formally dissolved until consent is obtained from New York State, which consent cannot be granted until the corporate tax return for the year of dissolution has been filed. This is a customary response to anyone who asks to dissolve a corporation in the middle of a tax year. Attached hereto and made a part hereof as *Exhibit "B"* is a copy of the Response to Request for Consent to Dissolution of a Corporation.

RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL

JUN 8 10 14 AM '00

- 21 "04" 405 "0029
- The corporate tax return for the Corporation was filed on or about April 15, 2000 by my accountant. Pursuant to telephone conversation with the Tax Commissioner's Office on May 30 2000, everything has been cleared with New York State. We are presently awaiting receipt of the New York State Tax Consent. Upon receipt, the Consent will then be attached to the Certificate of Dissolution of Progressive Management Associates, Inc. for immediate filing with the New York State Department of State. At which point we will then receive an Official Filing Receipt as proof of Progressive Management Associates, Inc.'s **dissolution as of July 31, 1999**. (Attached hereto and made a part hereof as *Exhibit "C"* is a copy of the pending Certificate of Dissolution document).
 - On July 16, 1999, I filed the appropriate papers required to form a Limited Liability Company known as Progressive Management Associates, LLC (hereinafter referred to as the "Company"), which is a sole proprietorship. It is not a corporation and is not governed by corporation laws. Attached hereto and made a part hereof as *Exhibit "D"*, collectively, are copies of the Filing Receipt filed on July 16, 1999, Affidavit of Publication from The Journal News, and Notice of Compliance of Workers' Compensation Law, effective from November 24, 1999 under Policy No. W 1265 006-5. These documents further establish the existence of the Company.
 - Attached hereto and made a part hereof, collectively, as *Exhibit "E"* are copies of Citibank Statements for the account known as Progressive Management Associates, Inc. (Account No. 47565754) as follows: Statement dated September 23, 1999 showing a balance in the sum of \$501.67 and Statement dated October 25, 1999 reflecting the ending balance as of October 25, 1999 in the sum of \$.00. That account has been out of use since that time. This serves as further evidence that Progressive Management Associates, Inc. has been inactive since July 1999 (The bank account remained open until that date so that previously written checks would clear). In fact, please note that Progressive Management Associates, Inc.'s bank account has been closed since 1999.
 - Mr. Hicks' complaint seems to derive from the fact that a phone number which he presumed was owned by a corporation—but which is not-- was listed on a piece of campaign correspondence. Through no fault of our own, the phone company failed to eliminate "Inc." from their records when the entity ceased activity in June 1999. We have again asked the phone company to remove Inc. from records and replace it with "LLC". Not only had they been given adequate notice to make this correction in July 1999, but all checks paid to the phone company for (914) 238-4000 since that time have been on behalf of, and from the bank account of, Progressive Management Associates LLC. For a very short time, and completely by accident, this non-corporate phone number appeared on a few pieces of correspondence material, but that had been corrected many months ago.
 - Contrary to the third paragraph under "Factual Background" of the complaint, both the Exploratory Committee and the Candidate Committee have filed all of the required filing disclosures. Campaign disclosures were filed by the Exploratory Committee on January 31, 2000 (Year End Report), on April 15, 2000 (Quarterly Report). Copies of these documents are attached hereto and made a part hereof as *Exhibit "F"*.
 - By letter dated April 11, 2000 from Michael H. Young of the Federal Election Commission clarification was requested with regard to our Year End Report. He wanted us to confirm that

the loans I had made to my campaign had come from my own personal funds. We confirmed this and responded thereto by letter dated April 25, 2000 enclosing a copy of the Schedule C, and further responded by fax transmittal dated April 26th and subsequent letter dated May 9, 2000. Copies of these documents are annexed hereto collectively as *Exhibit "G"*.

- Due to the fact that I did not become an announced candidate until May 15, 2000 and my primary election is scheduled for September 12, 2000, I was not required to file any other documents with the Federal Election Commission as of the date of this Complaint. Attached hereto and made a part hereof as *Exhibit "H"* are copies of the FEC Form 1 – Statement of Organization dated May 5, 2000 and FEC Form 2 – Statement of Candidacy dated May 4, 2000.
- On May 25, 2000 I filed my Financial Disclosure Net Worth Statement with the Clerk of the House of Representatives, a copy of which is annexed hereto and made a part hereof as *Exhibit "I"*. Based upon a conversation with Susan Pohl of the House Committee on Standards of Official Conduct, our Disclosure Statement was received in their office on May 29, 2000.
- All required and requested FEC filings have been filed as of the date of this Complaint.

2. VIOLATIONS

- With respect to the allegation of "Illegal Corporate Contributions", no such corporate contributions were received.
- The "Company" which has been doing business since July 1999 (as stated above, the "Company" is Progressive Management Associates, LLC) is not incorporated and is the same as a Sole Proprietorship of which I am the sole owner. Therefore, no corporate contributions were made to the Exploratory Committee in February 2000, or at any other time.
- With respect to the allegations that Graham's Violations are Knowing and Willful, there is no proof to support such allegations. There is no willfulness or intent to mask the source of those supporting my campaign. Any contributions or loans that I have made to my campaign have been from my own personal funds and have been disclosed as such. I have filed all contribution disclosure reports with the FEC in a timely manner.
- I have filed my Financial Disclosure Net Worth Statement with the Clerk of the House of Representatives (see *Exhibit "I"* above).

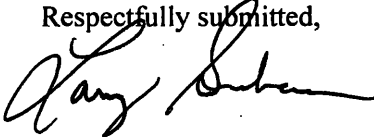
CONCLUSION

The complaint filed by Mr. Hicks is completely without merit. Much of his complaint derives from the fact that a phone number which he believed was owned and paid for by a corporate entity—but which, in fact, is not a corporation—appeared on a few pieces of campaign correspondence. As indicated above, all funds contributed to the Campaign have been contributed by other individuals or by my own personal funds. Any loans made to the Campaign have been loaned from my own personal funds. The

complaint is incorrect in stating that I might be funneling money from my corporation into my campaign since my solely owned firm, Progressive Management Associates, LLC is not a corporation and is not governed by corporate laws. Furthermore, as pointed out above, the phone number that Mr. Hicks relies on in his complaint, is actually not owned by or paid for by a corporation. In addition, bank statements, financial disclosure documentation, filings for dissolution and other attached documentation demonstrate that no laws have been violated and no funds originated from prohibited sources.

Thank you again, for allowing me the opportunity to respond to the complaint. If you have any questions or require any further information, please do not hesitate to contact my attorney or me.

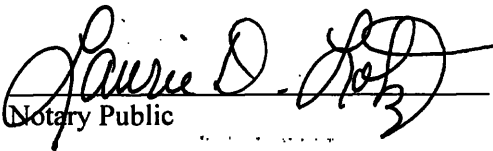
Respectfully submitted,



Larry Graham
Encs.

State of New York)
County of Westchester)

Sworn to before me this 7th
day of June, 2000.


Notary Public

LAURIE D. LOTZ
Notary Public, State of New York
No. 4700556
Qualified in Westchester County
Commission Expires April 30, 2001

Progressive Management Associates, Inc.

P.O. Box 80
233 South Greeley Avenue
Chappaqua, NY 10514
Ph. 914 238 4000
Fx. 914 238 5011

June 9, 1999

New York State Tax Department
Corporation Tax Dissolution Unit

To: Fax 518 457 8124

Dear NYS Tax Dept.

I would like to obtain a "Consent of the State Tax Commission" in preparation for the dissolution of Progressive Management Associates, Inc.

Exact legal name: Progressive Management Associates, Inc.

Address to mail consent:

233 South Greeley Avenue
Chappaqua, NY 10514

Name, telephone, relationship of filer:

Glenn Frost, Accountant
203-913-4512

Please don't hesitate to call me if there are any questions that might delay issuing the consent.

Sincerely,


Glenn S. Frost
Accountant

STATEMENT OF DESIGNATION OF COUNSEL

MUR 5016

NAME OF COUNSEL: JONATHAN G. JACOBSON, ESQ.

FIRM: _____

ADDRESS: 873 Union Avenue - 2nd Floor

New Windsor, New York 12533

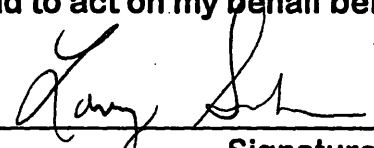
TELEPHONE: (914) 567-6778

FAX: (914) 567-7721

The above-named individual is hereby designated as my counsel
and is authorized to receive any notifications and other communications
from the Commission and to act on my behalf before the Commission.

June 7, 2000

Date


Larry Graham

Signature

RESPONDENT'S NAME: LARRY GRAHAM

ADDRESS: 233 South Greeley Avenue

Chappaqua, New York 10514

TELEPHONE: HOME

BUSINESS (914) 238-0005

21-04-405-0033



New York State Department of
Taxation and Finance

Processing and Revenue Management Division
W A Harriman Campus
Albany NY 12227-0001

B

Response to Request for Consent to Dissolution of a Corporation

GLENN FROST
233 S. GREELEY AVE.
CHAPPAQUA NY 10514

Notice Date: 9/20/99

Requested
Consent Date: 6/9/99

Taxpayer ID: B-13-3849146-5

Corporation Name:

PROGRESSIVE MANAGEMENT ASSOCIATES, INC.

We rejected your request for consent to dissolution for the corporation shown above approximately 90 days ago. We will not take any further action on this request until you send us the returns that are due, pay any amount due (including tax, penalty and interest when applicable) and/or pay any assessment, as shown below.

You must file franchise tax returns to the date of voluntary dissolution, whether or not any business was conducted. You must file the returns and pay any amount due within 90 days of your last franchise tax period. We must receive the returns and payments within 90 days and be able to process them, or additional taxes and/or returns may be due.

WHAT THE CORPORATION MUST DO:

Final Franchise Tax Return Due:

We have no record of receiving the final return as shown below. If you recently filed this return, you are not required to take any further action. Once we process this return, it is shown to be fully paid and all other requirements are met, the Tax Commissioner will automatically issue consent to dissolution. If you have not filed the final return, please do so as soon as possible. If you are requesting dissolution for a future date, this final return is due on or before the requested dissolution date. If final figures for the last period are not available, you may file a final return with estimated figures and pay all taxes due. Within 30 days after the Certificate of Dissolution is filed by the Secretary of State, you must file a final return with actual (not estimated) figures. Please note: Allow approximately two weeks for the Tax Department to process any return.

File Period End	Form Type
6/30/99	CT-3M/4M
6/30/99	CT-3/3S/4/4S

(Continued on back)

New York State
Department of State
Division of Corporations
41 State Street
Albany, NY 12231

C

CERTIFICATE OF DISSOLUTION OF

Progressive Management Associates, Inc.
(present name of corporation)

Under section 1003 of the Business Corporation Law

FIRST: The present name of the corporation is Progressive Management Associates Inc.. (If the name of the corporation has been changed, the name under which it was formed is _____.)

SECOND: The certificate of incorporation was filed by the Department of State is 4 / 2 / 1993.
(month) (day) (year)

THIRD: The name and address (including street and number) (do not use a post office box) of each officer and director of the corporation is: (attach additional sheet if necessary)

Lawrence Otis Graham
(name)
233 South Greeley Ave, Chappagua, NY 10514
(street address) (city) (state) (zip code)

(name)

(street address) (city) (state) (zip code)

(name)

(street address) (city) (state) (zip code)

(name)

(street address) (city) (state) (zip code)

FOURTH: The corporation elects to dissolve.

4/7

21.04.405.0035

FIFTH: (Check the appropriate box)

[] The dissolution was authorized at a meeting of shareholders by a vote of two-thirds of all outstanding shares entitled to vote or by the unanimous written consent of the holder(s) of all outstanding shares entitled to vote and the certificate of incorporation does not provide for an alternate manner of authorization.

[X] The dissolution was authorized in the manner required by provisions in the certificate of incorporation.

This certificate has been subscribed this _____ day of _____, _____ by the undersigned who affirm(s) that the statements made herein are true under the penalties of perjury.

(signature)_____
(signature)_____
typed or printed name_____
typed or printed name_____
title or capacity of signer_____
title or capacity of signer

Filed by _____

(name)

(address)-----
(For office use only. Do not write in this space.)**CERTIFICATE OF DISSOLUTION**

5/7

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME: PROGRESSIVE MANAGEMENT ASSOCIATES, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM LLC)

COUNTY: WEST

SERVICE COMPANY: ** NO SERVICE COMPANY **

SERVICE CODE: 00 *

FILED: 07/16/1999 DURATION: ***** CASH#: 990716000025 FILM #: 990716000025

ADDRESS FOR PROCESS

EXIST DATE

THE LLC
P.O. BOX 80
CHAPPAQUA, NY 10514

07/16/1999

REGISTERED AGENT



THIS FILING HAS AN ASSOCIATED PUBLICATION REQUIREMENT. THE NEWSPAPERS IN WHICH THIS PUBLICATION IS TO BE MADE ARE DESIGNATED BY THE COUNTY CLERK OF THE COUNTY IN WHICH THE ENTITY'S OFFICE IS LOCATED. CONTACT THE RESPECTIVE COUNTY CLERK FOR FURTHER INFORMATION.

FILER	FEES	200.00	PAYMENTS	200.00
-----	----		-----	
GLENN S. FROST, C/O PROGRESSIVE	FILING	200.00	CASH	0.00
MANAGEMENT ASSOCIATES, LLC	TAX	0.00	CHECK	200.00
PO BOX 80	CERT	0.00	CHARGE	0.00
CHAPPAQUA, NY 10514	COPIES	0.00	DRAWDOWN	0.00
	HANDLING	0.00	BILLED	0.00
			REFUND	0.00

AFFIDAVIT OF PUBLICATION FROM The Journal News

STATE OF NEW YORK
COUNTY OF WESTCHESTER } SS

The Journal News

HOLLY SMITH

being duly

sworn, says that he/she is the principal clerk of The Journal News, a newspaper published in the County of Westchester and State of New York, and the notice of which the annexed is a printed copy, was published in the newspaper indicated on the left and on the dates checked below:

Year <u>1999</u>																		
OCC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
			↓							↓							↓	
	19	20	21	22	23	24	25	26	27	28	29	30	31					
					↓													

Nov. 11/19, 11/26

Signed

[Signature]

"Progressive Management Associates, LLC filed Articles of Organization with the Secretary of State on July 16, 1999 and has an office located in Westchester County. The Secretary of State has been designated as the agent upon whom process against Progressive Management Associates, LLC may be served, and P.O. Box 54, Chappaqua, New York has been designated as the address to which the Secretary of State shall mail a copy of any process against it that is served. Progressive Management Associates, LLC has been formed to provide consulting services to businesses in the area of human resource management."

Sworn to before me

this 29 day of December 1999

[Signature]
Notary Public, Westchester County

JACK SHARP
Notary Public, State of New York
No. 015H6019087
Qualified in Rockland County
Term Expires Feb. 1, 2001

<p>Northern Area</p> <p>Amawalk Armonk Baldwin Place Bedford Bedford Hills Briarcliff Manor Buchanan Chappaqua Crotona Cross River Croton Falls Croton on Hudson Goldens Bridge Granite Springs Jaffrey Valley Katonah Lincolnton Millwood Mahopac Lake Monroe Mount Kisco</p> <p>North Salem Ossining Peekskill Pound Ridge Putnam Shenandoah Shrub Oak Somers South Salem Verplanck Waccabuc Yorktown Heights Brewster Carmel Cold Spring Garrison Lake Peekskill Mahopac Mahopac Falls Putnam Valley Putnam</p>	✓
<p>Central Area</p> <p>Ardley Ardley on Hudson Dobbs Ferry Elmsford Greenburgh Harrison Hawthorne Hugoboss Irvington Larchmont Memorick</p> <p>Pleasantville Port Chester Purchase Rye Scarsdale Tarrytown Thomson Valhalla White Plains Hastings on Hudson</p>	
<p>Southern Area</p> <p>Mount Vernon Yonkers Tuckahoe Bronxville Eastchester New Rochelle Palmen</p>	
<p>Rockland Area</p> <p>Sullivan Blauvelt Congers Garnerville Haverstraw Hillburn Nanuet New City Nyack Orangetown Palmville Pond River Pleasant</p> <p>Pomona Bloomingburg Sparkill Spring Valley Stony Point Tarrytown Thompson Tijcks Tombkins Cove Valley Cottage West Nyack West Nyack</p>	

**NOTICE OF COMPLIANCE
WORKERS' COMPENSATION LAW
TO EMPLOYEES****IMPORTANT INFORMATION FOR EMPLOYEES WHO
ARE INJURED OR SUFFER AN OCCUPATIONAL
DISEASE WHILE WORKING.**

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is participating in the Managed Care Pilot Program or is involved in a certified preferred provider organization you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

WORKERS' COMPENSATION BOARD OFFICES

Albany, 12241 - 100 Broadway - Menands - (518) 474-6674
 Binghamton, 13901-State Office Bldg.- 44 Hawley St.- (607) 721-8356
 Buffalo, 14203 - State Office Bldg. - 125 Main St. - (716) 847-3158
 Hempstead, 11550 - 175 Fulton Avenue - (516) 560-7700
 New York City, 11248 - 180 Livingston St. - Brooklyn - (718) 802-6600
 Rochester, 14614 - 130 Main Street West - (716) 238-8300
 Syracuse, 13202-State Office Bldg.- 333 East Washington St.- (315) 428-4464

**AVISO DE CUMPLIMIENTO
LEY DE COMPENSACION OBRERA
A EMPLEADOS****INFORMACION IMPORTANTE PARA EMPLEADOS QUE
SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD
OCUPACIONAL MIENTRAS TRABAJAN.**

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier medico, podiatra, quiropractico o psicologo (si es referido por un medico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar en el Programa Piloto de Gerencia de Salud o participa en una organización certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley están obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo o resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso a la Junta falia que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado o por representante licenciado si usted así lo desea. Si es representado, no pague al abogado o al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenarlo o tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuníquese con la oficina mas cercana de la Junta.



ROBERT R. SNASHALL
Chairman (Presidente)

Workers' Compensation Benefits, when due, will be paid by

(Los beneficios de Compensación Obrera, cuando debidos, serán pagados por):

THE STATE INSURANCE FUND

199 Church Street, New York, N. Y. 10007
(212) 312-9000

Effective From 11/24/1999 To cancellation
(En Vigor Desde) (Hasta cancellation)

Policy No. W 1265 006-5
(Poliza No.)

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND
ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Name of employer (Nombre de patrono)
**PROGRESSIVE MANAGEMENT ASSOCIATES
LLC
233 SOUTH GREELEY AVENUE
CHAPPAQUA NY 10514**

By

THE WORKERS' COMPENSATION BOARD EMPLOYS AND
SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

SECRET

This Report Contains Activity For ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. Section 437g.

FEC FORM 3
(revised 4/87)

SCHEDULE A

ITEM D RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 20

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Acorn, David P., Mr. 640 Grant Road North Salem NY 10560 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-Employed Occupation Consultant Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Alcena, Valiere, Dr. 37 Davis Avenue White Plains NY 10605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self-employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Batkin, Alan R., Mr. 23 Hurlingham Dr. Greenwich CT 06831 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Kissinger Associates, Inc. Occupation executive Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Benerofe, Andrew R., Mr. 4 New King Street Purchase NY 10577 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Benerofe Properties Occupation investor Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Benerofe, Robyn A., Mrs. 28 Ethelridge Road White Plains NY 10605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation homemaker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Betts, Sheri, Ms. 30 N.Broadway-1C White Plains NY 10601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Sales Manager-Avon Aggregate Year-to-Date > \$300.00	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$300.00
G. Full Name, Mailing Address and ZIP Code Bienenstock, Martin J., Esq. Well Gotshal and Manges, LLP 767 Fifth Aven New York NY 10153 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Weil Gotshal Occupation Attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional) > \$3,800.00

TOTAL This Period (last page this line number only) >

14005044012

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Borden, Arthur M., Esq. 860 UN Plaza New York NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Rosenman & Colin Occupation Attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/16/1999	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Caplan, David L., Mr., Esq. Davis Polk Wardwell 450 Lexington Avenue New York NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Davis Polk & Wardwell Occupation Attorney Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Caro, Marcos E., Mr. 36 Beechtree Drive Larchmont NY 10538 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self-employed Occupation management consultant Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Carr, Gladys J., Ms. 920 Park Avenue New York NY 10028 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Harper Collins Occupation Editor Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/23/1999	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Cherneff, Peter, Esq. 113 Round Hill Road Armonk NY 10504 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Watkins & Cherneff Occupation Attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/16/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Codino, Albert F., Mr., Jr. 22 Kisco Park Drive Mount Kisco NY 10549 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer American Express Occupation Financial Planner Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/16/1999	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Cohen, Donna, Mrs. 16 Orchard Drive Armonk NY 10504 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Westchester Holocaust Commis Occupation Exec. Director Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)	> \$3,000.00
TOTAL This Period (last page this line number only)	>

2400 "504" 10 "13
21-01-105-0042

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 3 OF 20

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Cohen, Richard D., Mr. 927 Fifth Avenue New York NY 10021	Name of Employer Capital Properties	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation real estate	Aggregate Year-to-Date > \$1,000.00	
B. Full Name, Mailing Address and ZIP Code Cole, Kenneth, Mr. 152 W. 57th St. New York NY 10019	Name of Employer Kenneth Cole Productions	Date (month, day, year) 12/6/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation CEO	Aggregate Year-to-Date > \$500.00	
C. Full Name, Mailing Address and ZIP Code Cornwell, W. Don, Mr. 192 Columbia Heights Brooklyn NY 11201	Name of Employer Granite Broadcasting Corp.	Date (month, day, year) 10/1/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Chairman and CEO	Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code Costin, Sandra Ward, Esq. 50 Midchester Ave. White Plains NY 10606	Name of Employer UBS - AG	Date (month, day, year) 9/10/1999	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
E. Full Name, Mailing Address and ZIP Code Cox, Maurice, Mr. 4 Sunrise Place Armonk NY 10504	Name of Employer PepsiCo/IBM	Date (month, day, year) 12/17/1999	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation exec.	Aggregate Year-to-Date > \$300.00	
F. Full Name, Mailing Address and ZIP Code Curry, William T., Dr. 19 Hayrake Lane Chappaqua NY 10514	Name of Employer Self-employed	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Physician	Aggregate Year-to-Date > \$500.00	
G. Full Name, Mailing Address and ZIP Code Daltz, Linda, Mrs. 40 East 83rd St. New York NY 10028	Name of Employer self	Date (month, day, year) 11/24/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation retired	Aggregate Year-to-Date > \$500.00	

SUBTOTAL of Receipts This Page (optional)

\$3,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Larry Graham for CongressExploratory Committee	C00348052
---	------------------

A. Full Name, Mailing Address and ZIP Code Danziger, Thomas, Esq. Danziger and Danziger 405 Park Avenue New York NY 10022	Name of Employer Danziger & Danziger	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney		
Aggregate Year-to-Date > \$250.00			
B. Full Name, Mailing Address and ZIP Code Dattel, Eugene, Mr. 164 E. 72nd St. New York NY 10021	Name of Employer self	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation writer		
Aggregate Year-to-Date > \$500.00			
C. Full Name, Mailing Address and ZIP Code Davenport, Ronald R., Mr., Jr. 715 Amberson Avenue Pittsburgh PA 15232	Name of Employer Sheridan Broadcasting Co.	Date (month, day, year) 9/24/1999	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Executive		
Aggregate Year-to-Date > \$250.00			
D. Full Name, Mailing Address and ZIP Code Davis, Richard, Esq. Weil Gotshal and Manges 767 Fifth Avenue New York NY 10153	Name of Employer Weil Gotshal	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney		
Aggregate Year-to-Date > \$1,000.00			
E. Full Name, Mailing Address and ZIP Code Dubenstein, Gary 455 East 86th St. Apt.34C New York NY 10021	Name of Employer self	Date (month, day, year) 12/27/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation investment manager		
Aggregate Year-to-Date > \$500.00			
F. Full Name, Mailing Address and ZIP Code Ellis, James H., Esq. 36 Butler Road Scarsdale NY 10583	Name of Employer Self-Employed	Date (month, day, year) 9/9/1999	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney/Consultant		
Aggregate Year-to-Date > \$250.00			
G. Full Name, Mailing Address and ZIP Code Faber, Diane L., Esq. 11355 W. Olympic Blvd. Los Angeles CA 90064	Name of Employer Manatt Phelps & Phillips	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney		
Aggregate Year-to-Date > \$500.00			

SUBTOTAL of Receipts This Page (optional)	\$3,250.00
TOTAL This Period (last page this line number only)	

21-04-405-0044

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
11(a)(I)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Larry Graham for CongressExploratory Committee	C00348052
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A. Full Name, Mailing Address and ZIP Code Fagenson, Leslie 20 Hillside Ave. Short Hills NJ 07078 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Merrill-Lynch Occupation Manager Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/1/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Fay, Toni 233 W. Hudson Ave Englewood NJ 07631 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Time Warner, Inc. Occupation Publicist Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Firth, Edmee, Mrs. 152 East 78th Street New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Jean-Louis Dreyfus Foundation Occupation Executive Aggregate Year-to-Date > \$850.00	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$350.00
D. Full Name, Mailing Address and ZIP Code Firth, Edmee, Mrs. 152 East 78th Street New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Jean-Louis Dreyfus Foundation Occupation Executive Aggregate Year-to-Date > \$850.00	Date (month, day, year) 9/14/1999	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Forster, Jacqueline, Mrs. 372 Central Park West - Apt. 4E New York NY 10025 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer E.G.Bauman Co., Inc. Occupation Vice President Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Freidus, Harris 1365 York Avenue - Apt. 30D New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Paul Weiss Rifkind Wharton and Occupation Partner Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Frost, Glenn, Mr. 589 South Pine Creek Road Fairfield CT 06430 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Accounting Associates, Inc. Occupation Accountant Aggregate Year-to-Date > \$250.00	Date (month, day, year) 10/7/1999	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)	\$2,350.00
TOTAL This Period (last page this line number only)	

21 04 405 0045

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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Contributions from Individuals

FOR LINE NUMBER

11(a)(i)

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NAME OF COMMITTEE (In Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Furth, John 35 Platt Place White Plains NY 10605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Klingenstein, Fields and Co. Occupation Investor Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Furth, John 35 Platt Place White Plains NY 10605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Klingenstein, Fields and Co. Occupation Investor Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/14/1999	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Goldhill, David, Mr. 2270 Mara Villa Drive Los Angeles CA 90068 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Rotor Communications Corp. Occupation executive Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Gottlieb, Albert, Mr. 6 Roger Place White Plains NY 10605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer New Spectrum Occupation Real Estate Broker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/9/1999	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Gottlieb, Anne A. 6 Roger Place White Plains NY 10605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer U Name It Travel Occupation Travel Consultant Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/9/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Grafstein, Rebecca, Ms. 1049 Fifth Ave-11B New York NY 10028 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Homemaker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Graham, Betty J., Mrs. 133 Miles Avenue White Plains NY 10606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$1,500.00	Date (month, day, year) 9/4/1999	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$4,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)
Larry Graham for CongressExploratory Committee **C00348052**

A. Full Name, Mailing Address and ZIP Code Graham, Betty J., Mrs. 133 Miles Avenue White Plains NY 10606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$1,500.00	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Graham, Betty J., Mrs. 133 Miles Avenue White Plains NY 10606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$1,500.00	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Graham, Betty J., Mrs. 133 Miles Avenue White Plains NY 10606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$1,500.00	Date (month, day, year) 12/23/1999	Amount of Each Receipt this Period \$500.00 Memo Redesignatio n From Primary
D. Full Name, Mailing Address and ZIP Code Graham, Betty J., Mrs. 133 Miles Avenue White Plains NY 10606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$1,500.00	Date (month, day, year) 12/23/1999	Amount of Each Receipt this Period (\$500.00) Memo Redesignated To General 2000
E. Full Name, Mailing Address and ZIP Code Graham, Richard E., Dr. 220 Treetop Crescent Port Chester NY 10573 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-employed Occupation Orthodontist Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$400.00
F. Full Name, Mailing Address and ZIP Code Graham, Richard E., Dr. 220 Treetop Crescent Port Chester NY 10573 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-employed Occupation Orthodontist Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$600.00
G. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$1,400.00	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$400.00

SUBTOTAL of Receipts This Page (optional) > \$2,400.00

TOTAL This Period (last page this line number only) >

21.04.405.0047

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$1,400.00	Date (month, day, year) 12/23/1999	Amount of Each Receipt this Period (\$400.00) Memo Redesignated To General 2000
B. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$1,400.00	Date (month, day, year) 9/4/1999	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$1,400.00	Date (month, day, year) 12/23/1999	Amount of Each Receipt this Period \$400.00 Memo Redesignatio n From Primary
D. Full Name, Mailing Address and ZIP Code Grahame, Searcy O., Mr. 25 Boerum Place - Apt. 13A Brooklyn NY 11206 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Grant, Eugene M., Mr. 1016 Orienta Avenue Mamaroneck NY 10543 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-employed Occupation Real Estate Investor Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Grinberg, Efraim, Mr. 12 Hemlock Rise Armonk NY 10504 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Movado Group, Inc. Occupation President Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Gropper, Charles, Dr. 420 East 72nd Street New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/14/1999	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$4,000.00

TOTAL This Period (last page this line number only)

21-04-405-0019

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Hamdan, Lawrence, Mr. 164 East 72nd St - 13B New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Credit Suisse First Boston Occupation Banker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/22/1999	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Harris, Carla A., Ms. 410 West 53rd St-Apt.207 New York NY 10019 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Morgan Stanley Occupation investment banker Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/24/1999	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Harris, Delores, Ms. 14002 S. Northwood Compton CA 90222 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation retired Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/23/1999	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Harrison, Thomas J., III 3660 Waldo Ave-1E Bronx NY 10463 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Allegaert Berger &Vogel, LLP Occupation Attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Haywood, George W., Mr. 642 Second St. Brooklyn NY 11215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation investor Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Hemming, Cathy D., Ms. 255 W. End Avenue - 9A New York NY 10023 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Harper Collins Occupation Book Publisher Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/23/1999	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Hinds, Mirian R.D.1 Box 1083 Dingmans Ferry PA 18328 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation retired Aggregate Year-to-Date > \$250.00	Date (month, day, year) 11/24/1999	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)	> \$2,750.00
TOTAL This Period (last page this line number only)	>

2006-504-10-12

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Larry Graham for Congress Exploratory Committee **C00348052**

A. Full Name, Mailing Address and ZIP Code Hoffman, Elliot L., Esq. Beldock Levine and Hoffman 99 Park Avenue New York NY 10016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Beldock Levine and Hoffman Occupation Attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Holland, Robert 257 Soundview White Plains NY 10606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Workplace Integrators Occupation consultant Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/27/1999	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Horvath, Jordan, Mr. 176 West 87th Str. - Apt. 3F New York NY 10024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Parker Chapin LLP Occupation attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Huang, Susie, Ms. Morgan Stanley and Co. 1585 Broadway - 36t New York NY 10036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Morgan Stanely & Co. Occupation investment banker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Hut, Pamela J. 400 E. 71st St-Apt. 23C New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Tams-Witmark Music Library, Inc Occupation Executive Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/24/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Hutchinson, Ann, Mrs. 35 Apple Hill Lane Chappaqua NY 10514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Real Estate Developer Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/10/1999	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Jackson, Anita L., Dr. 4829 Pinedale Boulevard Lumberton NC 28358 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-employed Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/24/1999	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)	\$3,500.00
TOTAL This Period (last page this line number only)	

21 04 405 0050

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
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Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)				C00348052
A. Full Name, Mailing Address and ZIP Code Jacobs, Stephen, Esq. Weil Gotshal and Manges 767 Fifth Avenue New York NY 10153		Name of Employer Weil Gotshal & Manges, LLP	Date (month, day, year) 9/10/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$500.00	
B. Full Name, Mailing Address and ZIP Code James, Melissa, Ms. 197 Berkeley Place Brooklyn NY 11217		Name of Employer Morgan Stanley	Date (month, day, year) 10/15/1999	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation investment	Aggregate Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and ZIP Code Kennan, Nancy, Ms. 455 East 86th Street New York NY 10028		Name of Employer Merrill Lynch	Date (month, day, year) 12/27/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Investment banker	Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code Kline, Roger C., Mr. 146 Central Park West-6G New York NY 10023		Name of Employer McKinsey & Co.	Date (month, day, year) 9/20/1999	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Consultant	Aggregate Year-to-Date > \$250.00	
E. Full Name, Mailing Address and ZIP Code Kolheim, Johnie, Ms. 7423 S. Euclid Ave. Chicago IL 60649		Name of Employer self	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Retired	Aggregate Year-to-Date > \$250.00	
F. Full Name, Mailing Address and ZIP Code Landis, Donald, Mr. 14 Colonial Rd. White Plains NY 10605		Name of Employer Landis Brothers Corp.	Date (month, day, year) 12/7/1999	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Executive	Aggregate Year-to-Date > \$500.00	
G. Full Name, Mailing Address and ZIP Code Lang, R. Todd, Esq. 28 Oxford Road Scarsdale NY 10583		Name of Employer Weil Gotshal and Manges, LLP	Date (month, day, year) 10/1/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$500.00	

SUBTOTAL of Receipts This Page (optional) > \$3,500.00

TOTAL This Period (last page this line number only) >

21-04-405-0051

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER

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Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)			
Larry Graham for CongressExploratory Committee			C00348052
A. Full Name, Mailing Address and ZIP Code Laster, Lee, Mrs. 23 Round Hill Road Chappaqua NY 10514	Name of Employer retired	Date (month, day, year) 12/1/1999	Amount of Each Receipt this Period \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation retired	Aggregate Year-to-Date > \$700.00	
B. Full Name, Mailing Address and ZIP Code Laster, Lee, Mrs. 23 Round Hill Road Chappaqua NY 10514	Name of Employer retired	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation retired	Aggregate Year-to-Date > \$700.00	
C. Full Name, Mailing Address and ZIP Code Laster, Richard, Mr. 23 Round Hill Road Chappaqua NY 10514	Name of Employer Self-Employed	Date (month, day, year) 9/9/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Consultant	Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code Lauder, William P., Mr. 730 Park Avenue New York NY 10021	Name of Employer Estee Lauder Corp.	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Executive	Aggregate Year-to-Date > \$500.00	
E. Full Name, Mailing Address and ZIP Code Lee, Debra L., Ms. 4668 Broad Branch Road NW Washington DC 20008	Name of Employer BET Holdings	Date (month, day, year) 9/23/1999	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$250.00	
F. Full Name, Mailing Address and ZIP Code Lesser, Seth R., Mr. One West Place Chappaqua NY 10514	Name of Employer Bernstein Litowitz	Date (month, day, year) 10/19/1999	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation attorney	Aggregate Year-to-Date > \$300.00	
G. Full Name, Mailing Address and ZIP Code Levine, Ellen 39 E. 79th St. New York NY 10021	Name of Employer Hearst	Date (month, day, year) 11/24/1999	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation editor	Aggregate Year-to-Date > \$500.00	

SUBTOTAL of Receipts This Page (optional) > \$2,750.00

TOTAL This Period (last page this line number only) >

2500 504 40 13

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Lofters, Cecilia Obrien, Esq. 80 Hillsbury Lane Stamford CT 06903 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer White and Case Occupation Attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Milgrom, Rabbi Shira 10 Earlwood Drive White Plains NY 10606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Congregation Kol Ami Occupation Rabbi Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/9/1999	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Millstein, Ira M., Esq. Weil Gotshal Manges 767 Fifth Avenue New York NY 10153 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Weil Gotshal and Manges Occupation Attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 10/12/1999	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Morton, Margaret Seay, Ms. 5700 Arlington Ave. Bronx NY 10474 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer New York State Occupation administrator Aggregate Year-to-Date > \$300.00	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$300.00
E. Full Name, Mailing Address and ZIP Code Morton, Robert, Dr. 39 Hampton Oval New Rochelle NY 10805 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-employed Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code OHerron, Jonathan, Mr. 45 Swifts Lane Darien CT 06820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Lazard Freres & Company Occupation Banker Aggregate Year-to-Date > \$750.00	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code OHerron, Jonathan, Mr. 45 Swifts Lane Darien CT 06820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Lazard Freres & Company Occupation Banker Aggregate Year-to-Date > \$750.00	Date (month, day, year) 11/24/1999	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)	>	\$2,550.00
TOTAL This Period (last page this line number only)	>	

21 "04" 405 "0053

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Owens, Allyson H., Esq. 2434 Windbreak Drive Alexandria VA 22306 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Cohen & Cohen, P.C. Occupation Attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/16/1999	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Parsons, Carol Ann, Mrs. 56 Hereford Road Bronxville NY 10708 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation homemaker Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Penn, Lawrence E., Mr., III 124 LaSalle Street, 5C New York NY 10027 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer J.P. Morgan Occupation portfolio manager Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Polak, Jack, Mr. 195 Beech Street Tuckahoe NY 10707 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Equite Interest Inc. Occupation exec Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/1/1999	Amount of Each Receipt this Period \$200.00
E. Full Name, Mailing Address and ZIP Code Polak, Jack, Mr. 195 Beech Street Tuckahoe NY 10707 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Equite Interest Inc. Occupation exec Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$50.00
F. Full Name, Mailing Address and ZIP Code Redhead, R. Chester, Dr. 2225 Fifth Avenue New York NY 10037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Robinson, Jack E., Mr. 103 Havemeyer Greenwich CT 06830 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Cellular One Occupation Executive Aggregate Year-to-Date > \$750.00	Date (month, day, year) 9/15/1999	Amount of Each Receipt this Period \$750.00

SUBTOTAL of Receipts This Page (optional) > \$2,250.00

TOTAL This Period (last page this line number only) >

21-04-435-0054

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Rose, Adam R., Mr. AP Farm, P.O. Box 657 Cross River NY 10518 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Rose Associates Occupation real estate broker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Rose, John, Mr. 222 Stillson Hill Rd. New Milford CT 06776 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer McKinsey & Co. Occupation management consultant Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/6/1999	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Rosiello, Robert, Mr. 55 Davis Hill Road Weston CT 06883 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer McKinsey & Co. Occupation Consultant Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/16/1999	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Ross, James J., Esq. 770 Park Avenue New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Becker Ross Stone Destefano Occupation attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Rothman, Richard, Esq. Well,Gotshal and Manges 767 Fifth Avenue New York NY 10153 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Weil Gotshal & Manges Occupation Attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/17/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Salembier, Valerie, Ms. 1075 Park Avenue, Apt. 14C New York NY 10128 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Esquire Magazine Occupation publisher Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Salomon, Fran, Mrs. 10 Willowbrook Road White Plains NY 10605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Homemaker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/16/1999	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Schneiderman, Irwin, Esq. Cahill, Gordon, Reidel 80 Pine Street New York NY 10005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Cahill Gordon & Bendel Occupation Attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Scully, Robert, Mr. 9 East 79th St. New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Morgan Stanley Occupation investment banker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Selby, Norman, Mr. 205 Wood Road Mount Kisco NY 10549 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Citigroup Occupation Banker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Seltzer, Maxine 301 Millwood Rd. Chappaqua NY 10514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Commerce One Occupation consultant Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/1/1999	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Sherman, Howard, Dr. 47 Timber Ridge Mount Kisco NY 10549 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/14/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Simons, Renee V. H., Mrs. 25 Hemlock Hills Chappaqua NY 10514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Chase Occupation Executive Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Slivka, Mark 25 Trinity Pass Pound Ridge NY 10576 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/1/1999	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Smith, Douglas, Mr. P.O.Box 1277 (10 October Circle, Langrangevi Millbrook NY 12545 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation consultant Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/24/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Snyder, Todd R., Mr. 562 West End Ave.-7A New York NY 10024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Peter J. Solomon & Co. Occupation Finance Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Soliz, Fenton N. Wall Street Equity Brothers 222 Bloomingdale White Plains NY 10605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Wall Street Equity Brokers, In Occupation President Aggregate Year-to-Date > \$250.00	Date (month, day, year) 10/4/1999	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Spicer, Gary S., Esq. 16845 Kercheval - Ste.5 Grosse Pointe MI 48230 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Stewart, Donald M., Mr. 175 Riverside Dr.-5H New York NY 10024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Carnegie Corp. Occupation Executive Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Stuntz, Elizabeth, Ms. 1055 Seahaven Dr. Mamaroneck NY 10543 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation psychoanalyst Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Taylor, Robert D., Mr. 5002 Pendleton Court Los Angeles CA 90056 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Blue Capital Management Occupation Finance Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/28/1999	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

21.04.405.0057

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 18 OF 20

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)			
Larry Graham for CongressExploratory Committee			C00348052
A. Full Name, Mailing Address and ZIP Code Thomas-Graham, Pamela 233 So. Greeley Ave. Chappaqua NY 10514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer CNBC.com Occupation Executive Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 12/23/1999	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Thomas-Graham, Pamela 233 So. Greeley Ave. Chappaqua NY 10514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer CNBC.com Occupation Executive Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 12/23/1999	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Tisch, Andrew, Mr. 895 Park Avenue New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Loew's Corp. Occupation Executive Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/7/1999	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Tisch, Ann, Mrs. 895 Park Avenue New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation homemaker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/7/1999	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Tisch, Lawrence A., Mr. 40 Island Drive Rye NY 10580 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Loew's Corporation Occupation Executive Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Tisch, Preston R., Mr. 667 Madison Avenue New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Loew's Corp. Occupation Co-Chairman Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Tisch, Wilma S., Mrs. 40 Island Drive Rye NY 10580 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation homemaker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)	>	\$6,000.00
TOTAL This Period (last page this line number only)	>	

21 04 405 0358

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 20

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Tuffin, Paula 71 Hathaway Lane Essex Fells NJ 07021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-Employed Occupation Divorce Mediator Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Tyler, Lauren, Ms. 914 Rockrimmon Road Stamford CT 06903 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer TSG Capital Group Occupation investment banker Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Van Lee, Reginald, Mr. Booz-Allen-Hamilton 101 Park Avenue New York NY 10178 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Booz-Allen Hamilton Occupation management consultant Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/24/1999	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Varet, Elizabeth R., Ms. 122 E. 42nd St., 24th Fl. New York NY 10168 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer American Securities Occupation Chairman of the Board Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Vascellaro, Jerome, Mr. McKinsey and Company 55 East 52nd St. New York NY 10055 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer McKinsey & Co. Occupation Consultant Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Ward, Jay, Mr. 5261 Boyd Avenue Oakland CA 94618 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Aenid Occupation Business developer Aggregate Year-to-Date > \$500.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Webb Wood, Danna M., Esq. 45 W. 139th St.-11N New York NY 10037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/14/1999	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)	>	\$3,250.00
TOTAL This Period (last page this line number only)	>	

21-04-1405-0059

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 20

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Williams, Dauna, Ms. 415 Second Street Apt.2 Brooklyn NY 11215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Ohayo Consulting LLC Occupation writer Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Williams, E.T, Mr. 82 Hempstead Street Sag Harbor NY 11963 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer E.L.Nora, Inc. Occupation Investor Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Wright, Robert, Mr. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer NBC Occupation executive Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Wright, Suzanne, Mrs. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation homemaker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) > \$2,750.00

TOTAL This Period (last page this line number only) > \$65,400.00

21-04-405-0060

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER

11(d)

Contributions from the Candidate

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Graham, Lawrence O., Mr. 233 So. Greeley Ave. Chappaqua NY 10514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Progressive Management Assoc. Occupation consultant Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Graham, Lawrence O., Mr. 233 So. Greeley Ave. Chappaqua NY 10514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Progressive Management Assoc. Occupation consultant Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year) 	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year) 	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year) 	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year) 	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year) 	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	>	\$2,000.00
TOTAL This Period (last page this line number only)	>	\$2,000.00

21-04-405-0001

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER
13(a)

Loans Made or Guaranteed by the Candidate

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Graham, Lawrence Otis 233 So. Greeley Chappaqua NY 10514		Name of Employer Progressive Management Assoc.	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period \$120,000.00 Made by Cand
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation consultant	Aggregate Year-to-Date > \$128,000.00	
B. Full Name, Mailing Address and ZIP Code Graham, Lawrence Otis 233 So. Greeley Chappaqua NY 10514		Name of Employer Progressive Management Assoc.	Date (month, day, year) 12/31/1999	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation consultant	Aggregate Year-to-Date > \$128,000.00	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	

SUBTOTAL of Receipts This Page (optional)	>	\$128,000.00
TOTAL This Period (last page this line number only)	>	\$128,000.00

23 04 405 3062

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER

17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Emanuel, David 569 Webster Avenue New Rochelle NY 10801	Purpose of Disbursement Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/5/1999	Amount of Each Disbursement this Period \$200.00
B. Full Name, Mailing Address and ZIP Code Emerald Assn. Of Putnam County c/o Lavan Carmel NY 10512	Purpose of Disbursement Political Contributions Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/3/1999	Amount of Each Disbursement this Period \$75.00
C. Full Name, Mailing Address and ZIP Code JT Graphics, Inc. 852 Commerce Street Thornwood NY 10594	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/29/1999	Amount of Each Disbursement this Period \$777.35
D. Full Name, Mailing Address and ZIP Code JT Graphics, Inc. 852 Commerce Street Thornwood NY 10594	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/12/1999	Amount of Each Disbursement this Period \$360.38
E. Full Name, Mailing Address and ZIP Code JT Graphics, Inc. 852 Commerce Street Thornwood NY 10594	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/1/1999	Amount of Each Disbursement this Period \$26.15
F. Full Name, Mailing Address and ZIP Code JT Graphics, Inc. 852 Commerce Street Thornwood NY 10594	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/27/1999	Amount of Each Disbursement this Period \$440.88
G. Full Name, Mailing Address and ZIP Code Keanes Bakery 57 Wheeler Avenue Pleasantville NY 10570	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 12/10/1999	Amount of Each Disbursement this Period \$57.00
H. Full Name, Mailing Address and ZIP Code Lapook, Judy 114 Blush Hollow Lane Port Chester NY 10573	Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 12/13/1999	Amount of Each Disbursement this Period \$500.00
I. Full Name, Mailing Address and ZIP Code Main Course 232 Main Street New Paltz NY 12561	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 12/10/1999	Amount of Each Disbursement this Period \$2,104.36

SUBTOTAL of Disbursements This Page (optional)

\$4,541.12

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER

17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Patterson Democratic Committee c/o Harper Patterson NY 12563	Purpose of Disbursement Political Contributions Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/18/1999	Amount of Each Disbursement this Period \$50.00
B. Full Name, Mailing Address and ZIP Code Postmaster Armonk XXXX Armonk NY 10504	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/1999	Amount of Each Disbursement this Period \$198.00
C. Full Name, Mailing Address and ZIP Code Postmaster Chappaqua Street Required Chappaqua NY 10514	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/13/1999	Amount of Each Disbursement this Period \$33.00
D. Full Name, Mailing Address and ZIP Code Postmaster Chappaqua Street Required Chappaqua NY 10514	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/7/1999	Amount of Each Disbursement this Period \$33.00
E. Full Name, Mailing Address and ZIP Code Postmaster Chappaqua Street Required Chappaqua NY 10514	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/14/1999	Amount of Each Disbursement this Period \$50.00
F. Full Name, Mailing Address and ZIP Code Susan Lawrence Caterers 26 North Greeley Avenue Chappaqua NY 10514	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/5/1999	Amount of Each Disbursement this Period \$2,369.93
G. Full Name, Mailing Address and ZIP Code The Flower Market 142 King Street Chappaqua NY 10514	Purpose of Disbursement Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/5/1999	Amount of Each Disbursement this Period \$149.95
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	\$2,883.88
TOTAL This Period (last page this line number only)	\$7,425.00

1998-504-10-12

SCHEDULE C

LOANS

LINE NUMBER 10
(Use separate schedules
for each numbered line)

(Revised 3/80) Loans owed BY the Committee

Name of Committee (in Full)

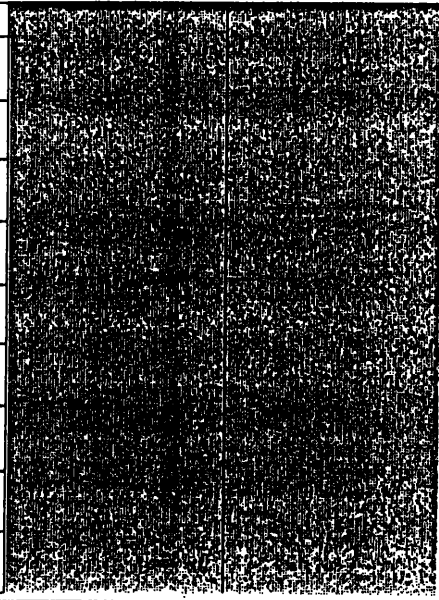
Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and Zip Code of Loan Source Graham, Lawrence Otis 233 So. Greeley Chappaqua, NY 10514 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Original Amount of Loan \$8,000.00	Cummulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$8,000.00
--	--	--	--

Terms: Date Incurred 12/31/1999 Date Due 11/11/2000 Interest Rate 0 %(apr) ☐ Secured

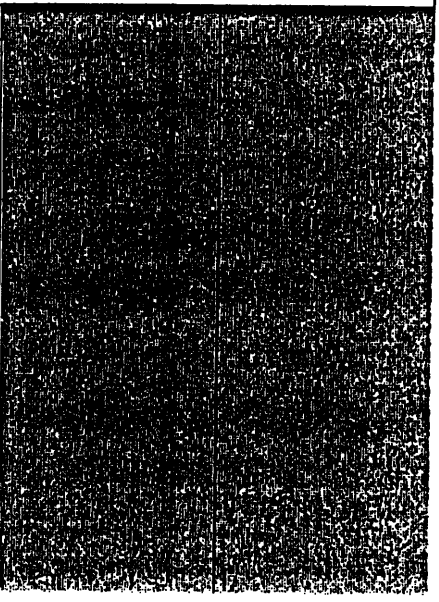
List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: \$0.00	
2. Full Name, Mailing Address and Zip Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: \$0.00	
3. Full Name, Mailing Address and Zip Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: \$0.00	

B. Full Name, Mailing Address and Zip Code of Loan Source Graham, Lawrence Otis 233 So. Greeley Chappaqua, NY 10514 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Original Amount of Loan \$120,000.00	Cummulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$120,000.00
--	--	--	--

Terms: Date Incurred 12/30/1999 Date Due 11/11/2000 Interest Rate 0 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: \$0.00	
2. Full Name, Mailing Address and Zip Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: \$0.00	
3. Full Name, Mailing Address and Zip Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: \$0.00	

SUBTOTALS This Period This Page (optional)	\$128,000.00
TOTALS This Period (last page in this line only)	\$128,000.00

Carry outstanding balance to LINE 3, Schedule D, for this line, if no Schedule D, carry forward to appropriate line of Summary.

21-04-405-0065

21.04.44

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

Larry Graham for Congress Exploratory Committee

ADDRESS (number and street) ☐ Check if different than previously reported.

P.O. Box 80

CITY, STATE and ZIP CODE

Chappaqua, NY 10514

STATE/DISTRICT

NY 19

2. FEC IDENTIFICATION NUMBER

000348052

3. IS THIS REPORT AN AMENDMENT?

☐ YES

☒ NO

4. TYPE OF REPORT

☒ April 15 Quarterly Report

☐ 12-Day Pre-Election Report for the

(Type of Election)

☐ July 15 Quarterly Report

election on _____ in the State of _____

☐ October 15 Quarterly Report

☐ 30-Day Post-Election Report for the

(Type of Election)

☐ January 31 Year End Report

election on _____ in the State of _____

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

This report contains
activity for

☒ Primary Election

☐ General Election

☐ Special Election

☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>1/1/2000</u> through <u>3/31/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$66,640.00	\$66,640.00
(b) Total Contribution Refunds (from Line 20(d))	\$100.00	\$100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$66,540.00	\$66,540.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$12,945.36	\$12,945.36
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$12,945.36	\$12,945.36
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$255,054.64	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RICHARD LASTER

Signature of Treasurer



Date

4/14/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Larry Graham for Congress Exploratory Committee		Report Covering the Period: From: 1/1/2000 To: 3/31/2000	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A) -----		\$56,100.00	
(ii) Unitemized -----		\$10,540.00	
(iii) Total of contributions from individuals -----		\$66,640.00	\$66,640.00
(b) Political Party Committees -----		\$0.00	\$0.00
(c) Other Political Committees (such as PACs) -----		\$0.00	\$0.00
(d) The Candidate -----		\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----		\$66,640.00	\$66,640.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		\$0.00	\$0.00
13. LOANS:			
(a) Made or Guaranteed by the Candidate -----		\$0.00	\$0.00
(b) All Other Loans -----		\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b)) -----		\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		\$0.00	\$0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		\$100.00	\$100.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----		\$66,740.00	\$66,740.00
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES -----		\$12,945.36	\$12,945.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		\$0.00	\$0.00
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate -----		\$0.00	\$0.00
(b) Of All Other Loans -----		\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees -----		\$100.00	\$100.00
(b) Political Party Committees -----		\$0.00	\$0.00
(c) Other Political Committees (such as PACs) -----		\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		\$100.00	\$100.00
21. OTHER DISBURSEMENTS -----		\$0.00	\$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----		\$13,045.36	\$13,045.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 201,360.00	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 66,740.00	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 268,100.00	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 13,045.36	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 255,054.64	27

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 15

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Benerofe, Andrew R., Mr. 4 New King Street Purchase NY 10577 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Benerofe Properties Occupation investor Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/29/2000	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Benerofe, Froma, Mrs. 4 New King Street Purchase NY 10577 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Westchester Jewish Community Occupation Social Worker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/29/2000	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Blank, Jonathan 425 Cameron Street Alexandria VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Maccabee Capitol Occupation Investments Aggregate Year-to-Date > \$250.00	Date (month, day, year) 3/30/2000	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Blaustein, Howard A. 10 w. 66th St New York NY 10023 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Mayer Brown Platt Occupation Lawyer Aggregate Year-to-Date > \$250.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Boies, Mary, Esq. 2 Middle Patent Rd Armonk NY 10504 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Boies McInnis LLP Occupation Lawyer Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/29/2000	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Borden, Arthur M., Esq. 860 UN Plaza New York NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Rosenman & Colin Occupation Attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/29/2000	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Burroughs, Valentine J., Dr. 340 Oxford Road New Rochelle NY 10804 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 3/4/2000	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 15

FOR LINE NUMBER
11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Butcher, George, Mr. 310 Oxford Road New Rochelle NY 10804 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Goldman Sachs Occupation Investment Banker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Carr, John W., Mr. 7 West 81st Street New York NY 10024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Simpson Thacher Occupation Attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/24/2000	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Chatzinoff, Howard, Esq. Weil Gotshal and Manges 767 Fifth Avenue New York NY 10153 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Weil Gotshal and Manges Occupation Attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 2/10/2000	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Christian, Nathaniel 28-4th Ave. Pelham NY 10803 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Blaylock Partners LP Occupation Manager Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/14/2000	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Cook, William, Jr. Arnold and Porter 555 Twelfth Street, NW Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Arnold & Porter Occupation attorney Aggregate Year-to-Date > \$300.00	Date (month, day, year) 1/18/2000	Amount of Each Receipt this Period \$300.00
F. Full Name, Mailing Address and ZIP Code Cotton, Richard, Esq. 1185 Park Ave New York NY 10128 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Richard Cotton Occupation Lawyer Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/20/2000	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Dannhauser, Stephen, Esq. Weil Gotshal and Manges 767 Fifth Avenue New York NY 10153 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Weil Gotshal and Manges Occupation Attorney Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 1/18/2000	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$4,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 3 OF 15

FOR LINE NUMBER
11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Ebron, James, Mr. 6 Fox Run Armonk NY 10504 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer BET Occupation Executive Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 3/8/2000	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Ebron, James, Mr. 6 Fox Run Armonk NY 10504 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer BET Occupation Executive Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 3/8/2000	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Fales-Hill, Susan, Ms. 863 Park Avenue New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self Employed Occupation TV Writer Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Farrow, Anthony, Dr. 1508-10 Wadsworth Ave. Philadelphia PA 19150 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self Employed Occupation Dentist Aggregate Year-to-Date > \$300.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$300.00
E. Full Name, Mailing Address and ZIP Code Firnhaber, Genevieve T. 40 Woodland Drive Pleasantville NY 10570 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self Employed Occupation Realtor Aggregate Year-to-Date > \$400.00	Date (month, day, year) 2/24/2000	Amount of Each Receipt this Period \$400.00
F. Full Name, Mailing Address and ZIP Code Freeman, Francoisline Jo 609 Fifth Ave New York NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Blaylock Partners, LP Occupation Manager Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 3/14/2000	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Freeman, Francoisline Jo 609 Fifth Ave New York NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Blaylock Partners, LP Occupation Manager Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 3/14/2000	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$5,200.00

TOTAL This Period (last page this line number only)

12-04-05-0071

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 4 OF 15

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Furman, Roy 770 Park Ave New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer ING Barings Occupation Vice Chairman Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/29/2000	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Gasby, Clarence AD, Mr. 733 Third Ave, Suite New York NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer B. Smith's Resturant Occupation Owner Aggregate Year-to-Date > \$500.00	Date (month, day, year) 2/28/2000	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Georgescu, Peter 435 E 52 Street New York NY 10022 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self Employed Occupation Retired Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/29/2000	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Gerrard, Barbara S. 11 Garden Ridge Chappaqua NY 10514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Arnold & Porter Occupation lawyer Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 2/29/2000	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Gietz, Raymond, Esq. 60 Willis Lane Syosset NY 11791 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Weil Gotshal Occupation Attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/8/2000	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Glatthaar, Joseph 67 Linda Avenue White Plains NY 10605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer retired Occupation retired Aggregate Year-to-Date > \$500.00	Date (month, day, year) 1/24/2000	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Grafstein, Rebecca, Ms. 1049 Fith Ave-11B New York NY 10028 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Homemaker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/24/2000	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$4,500.00

TOTAL This Period (last page this line number only)

21-04-405-0072

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 5 OF 15

FOR LINE NUMBER
11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)			
Larry Graham for Congress Exploratory Committee			C00348052
A. Full Name, Mailing Address and ZIP Code Graham, Betty J., Mrs. 133 Miles Avenue White Plains NY 10606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$500.00	Date (month, day, year) 1/18/2000	Amount of Each Receipt this Period \$200.00
B. Full Name, Mailing Address and ZIP Code Graham, Betty J., Mrs. 133 Miles Avenue White Plains NY 10606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/28/2000	Amount of Each Receipt this Period \$300.00
C. Full Name, Mailing Address and ZIP Code Graham, Richard E., Dr. 220 Treetop Crescent Port Chester NY 10573 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-employed Occupation Orthodontist Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/30/2000	Amount of Each Receipt this Period \$800.00
D. Full Name, Mailing Address and ZIP Code Graham, Richard E., Dr. 220 Treetop Crescent Port Chester NY 10573 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-employed Occupation Orthodontist Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 1/21/2000	Amount of Each Receipt this Period \$200.00
E. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$600.00	Date (month, day, year) 3/28/2000	Amount of Each Receipt this Period \$475.00
F. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$600.00	Date (month, day, year) 2/4/2000	Amount of Each Receipt this Period \$125.00
G. Full Name, Mailing Address and ZIP Code Grahame, Searcy O., Mr. 25 Boerum Place - Apt. 13A Brooklyn NY 11206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation Retired Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/28/2000	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$3,100.00

TOTAL This Period (last page this line number only)

2005-04-01

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 6 OF 15

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Granger, Albert, Dr. 3 Harwood Dr. Glen Cove NY 11542	Name of Employer Self Employed Occupation Endodontist	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$250.00		
B. Full Name, Mailing Address and ZIP Code Grant, Eugene M., Mr. 1016 Orienta Avenue Mamaroneck NY 10543	Name of Employer Self-employed Occupation Real Estate Investor	Date (month, day, year) 3/4/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		
C. Full Name, Mailing Address and ZIP Code Gruskin, Stuart F, Mr. 9 Dawning Lane Ossining NY 10562	Name of Employer Fishbein Badillo Wagner Hardin Occupation Attorney	Date (month, day, year) 2/19/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$250.00		
D. Full Name, Mailing Address and ZIP Code Hamdan, Lawrence, Mr. 164 East 72nd St - 13B New York NY 10021	Name of Employer Credit Suisse First Boston Occupation Banker	Date (month, day, year) 3/29/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		
E. Full Name, Mailing Address and ZIP Code Heitner, Kenneth, Esq. Weil Gotshal and Manges 767 Fifth Avenue New York NY 10153	Name of Employer Weil Gotshal and Manges Occupation Attorney	Date (month, day, year) 3/15/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$250.00		
F. Full Name, Mailing Address and ZIP Code Hoffman, Elliot L., Esq. Beldock Levine and Hoffman 99 Park Avenue New York NY 10016	Name of Employer Beldock Levine and Hoffman Occupation Attorney	Date (month, day, year) 2/25/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$250.00		
G. Full Name, Mailing Address and ZIP Code Huang, Susie, Ms. Morgan Stanley and Co. 1585 Broadway - 36t New York NY 10036	Name of Employer Morgan Stanely & Co. Occupation investment banker	Date (month, day, year) 3/29/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$250.00		

SUBTOTAL of Receipts This Page (optional)

\$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 7 OF 15

FOR LINE NUMBER
11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Hyacinthe, Llewellyn M., Dr. 23 David Drive New Rochelle NY 10804 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/7/2000	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Jacobs, Stephen E 767 Fifth Ave New York NY 10153 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Weil Gotshal Manges Occupation Attorney Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/25/2000	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Johnson, Robert 2915 Audubon Ter., NW Washington DC 20008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer BET Occupation Executive Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/27/2000	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Jones, Dave 4365 58th Street Sacramento CA 95820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer City of Sacramento Occupation Councilmember Aggregate Year-to-Date > \$250.00	Date (month, day, year) 2/28/2000	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Jones, David R. 432 Twin Oak Road South Orange NJ 07079 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Blaylock Partners, LP Occupation Manager Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 3/13/2000	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Jones, David R. 432 Twin Oak Road South Orange NJ 07079 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Blaylock Partners, LP Occupation Manager Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 3/14/2000	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Jones, Jetta, Mrs. 4907 S. Kimbark Chicago IL 60615 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/28/2000	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$5,250.00

TOTAL This Period (last page this line number only)

21 "04" 405 "0375

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
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Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Kahn, Stephen, Esq. Weil Gotshal and Manges, LLP 767 Fifth Avenue New York NY 10153	Name of Employer Weil Gotshal	Date (month, day, year) 2/25/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
B. Full Name, Mailing Address and ZIP Code Kenny Lack, Elizabeth 120 Hampshire Rd Bronxville NY 10708	Name of Employer Self-Employed	Date (month, day, year) 2/18/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Consultant	Aggregate Year-to-Date > \$500.00	
C. Full Name, Mailing Address and ZIP Code Kirsch, Abigail 18 Robin Hood Road Pound Ridge NY 10576	Name of Employer Abigail Kirsch Culinary	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Caterer	Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code Klagsbrun, Edward 78 Hights Cross Rd Chappaqua NY 10514	Name of Employer Deutsch Klagsbrun Blasband	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
E. Full Name, Mailing Address and ZIP Code Klein, Jeff, Esq. 767 Fifth Ave New York NY 10153	Name of Employer Weil Gotshal and Manges	Date (month, day, year) 3/11/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$500.00	
F. Full Name, Mailing Address and ZIP Code Kline, Roger C., Mr. 146 Central Park West-6G New York NY 10023	Name of Employer McKinsey & Co.	Date (month, day, year) 3/25/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Consultant	Aggregate Year-to-Date > \$500.00	
G. Full Name, Mailing Address and ZIP Code Landis, Donald, Mr. 14 Colonial Rd. White Plains NY 10605	Name of Employer Landis Brothers Corp.	Date (month, day, year) 1/21/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Executive	Aggregate Year-to-Date > \$250.00	

SUBTOTAL of Receipts This Page (optional) > \$2,750.00

TOTAL This Period (last page this line number only) >

21-04-405-0076

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Laster, Richard, Mr. 23 Round Hill Road Chappaqua NY 10514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-Employed Occupation Consultant Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/24/2000	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Lerner, Debra 2 Meadowlark Lane Bedford NY 10506 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Credit Clearing House Occupation Executive Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/24/2000	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Levy, Barbara 1176 Hardscrabble Road Chappaqua NY 10514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self Employed Occupation Retired Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/7/2000	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Lewis, William, Mr. 211 Central Park West New York NY 10024 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Morgan Stanley Occupation Investment Banker Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 2/24/2000	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Lewis, William, Mr. 211 Central Park West New York NY 10024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Morgan Stanley Occupation Investment Banker Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 2/24/2000	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Lister, Carol P. 22 West 76th St., 4 New York NY 10023 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Blaylock Partners LP Occupation Manager Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 3/14/2000	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Lister, Carol P. 22 West 76th St., 4 New York NY 10023 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Blaylock Partners LP Occupation Manager Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 3/14/2000	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$5,500.00

TOTAL This Period (last page this line number only)

21 "04" 405 "007"

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s)
for each category of the
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FOR LINE NUMBER
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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Loeb, Margaret One 5th Ave New York NY 10003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer McKinsey Co Occupation Director Client Communi Aggregate Year-to-Date > \$250.00	Date (month, day, year) 3/17/2000	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Meyers, Robert 640 West End Ave New York NY 10024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer CNBC.com Occupation Chief Operating Off Aggregate Year-to-Date > \$250.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Michelson, Gertrude 70 East 10th Street New York NY 10003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self Empolyed Occupation Retired Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/28/2000	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Nissan, Michael, Esq. 876 Park Avenue New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Weil Gotshal Manges Occupation Attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 2/25/2000	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Nyquist, Jan, Mrs. 81 Lincoln Road Lincoln MA 01773 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation homemaker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 1/24/2000	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Oneal, Clara 700 Columbus Ave New York NY 10025 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer New York Presby Hospital Occupation Registered Nurse Aggregate Year-to-Date > \$250.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Pels, Laura 435 East 52nd Street Apt 3A New York NY 10022 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Laura Pels Productions Occupation Executive Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/22/2000	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional) >

\$3,250.00

TOTAL This Period (last page this line number only) >

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from Individuals

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NAME OF COMMITTEE (in Full) Larry Graham for Congress Exploratory Committee	C00348052
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A. Full Name, Mailing Address and ZIP Code Price, Peter 39 Old Snake Hill Rd Pound Ridge NY 10576	Name of Employer Television USA	Date (month, day, year) 3/23/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$1,000.00	
B. Full Name, Mailing Address and ZIP Code Richardson, W. Franklyn, Dr. 16 High Point Avenue Scarsdale NY 10583	Name of Employer Grace Baptist Church	Date (month, day, year) 2/17/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Reverend	Aggregate Year-to-Date > \$250.00	
C. Full Name, Mailing Address and ZIP Code Rioseco, Robert, Dr. 15 Stewart Place White Plains NY 10603	Name of Employer Self Employed	Date (month, day, year) 3/24/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Dentist	Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code Roosevelt, Christopher, Esq. 14 Middle Patent Road Armonk NY 10504	Name of Employer Roosevelt & Arfa	Date (month, day, year) 3/7/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney (Partner)	Aggregate Year-to-Date > \$250.00	
E. Full Name, Mailing Address and ZIP Code Rubin, Lois, Esq. 923 Fifth Ave New York NY 10021	Name of Employer Weil Gotshal and Manges	Date (month, day, year) 2/9/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
F. Full Name, Mailing Address and ZIP Code Saltzman, Carol 66 Ludlow Dr Carmel NY 10512	Name of Employer Sarah Neuman	Date (month, day, year) 3/25/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Volunteer Director	Aggregate Year-to-Date > \$250.00	
G. Full Name, Mailing Address and ZIP Code Scanlon, Edward 41 Hall Road Chatham NJ 07928	Name of Employer NBC	Date (month, day, year) 3/24/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Executive Vice Presiden	Aggregate Year-to-Date > \$1,000.00	

SUBTOTAL of Receipts This Page (optional)	>	\$3,500.00
TOTAL This Period (last page this line number only)	>	

21-04-405-0079

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Schadt, Barbara 17 Owenoke Pk Westport CT 06880 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer State of Conn Occupation Gov Employee Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Schlaff, Constance 510 Burnside Ave. Inwood NY 11096 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self Occupation Homemaker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/24/2000	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Schlaff, Robin, Esq. 18 Garden Ridge Road Chappaqua NY 10514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Westchester County Occupation Gov Attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 3/20/2000	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Schneider, John 40E 78th Street New York NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Allen & Company Occupation Investment Banker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/22/2000	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Seellg, Robert Blaylock Partners, LP New York NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Blaylock & Partners LP Occupation Systems Manager Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/14/2000	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Selby, Norman, Mr. 205 Wood Road Mount Kisco NY 10549 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Citigroup Occupation Banker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Sherman, Mike 55E 52nd Street New York NY 10022 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer McKinsey Co. Occupation Consultant Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/28/2000	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$4,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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Contributions from Individuals

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Smith, Duane 30 Underhill Rd. Poughquag NY 12570 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Dutchess County Occupation Legislator Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$800.00
B. Full Name, Mailing Address and ZIP Code Smith, Duane 30 Underhill Rd. Poughquag NY 12570 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Dutchess County Occupation Legislator Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$200.00
C. Full Name, Mailing Address and ZIP Code Snyder, Todd R., Mr. 562 West End Ave.-7A New York NY 10024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Peter J. Solomon & Co. Occupation Finance Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/28/2000	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Thomas, Vincent 4822 Colfax Ave. S Minneapolis MN 55409 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Hamline University Occupation Assistant Dean Aggregate Year-to-Date > \$250.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Thompson, Mark, Esq. 13 Whipporwill Rd Armonk NY 10504 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Simpson Thacher & Bartlett Occupation Attorney Aggregate Year-to-Date > \$250.00	Date (month, day, year) 2/24/2000	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Tyler, Lauren, Ms. 914 Rockrimmon Road Stamford CT 06903 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer TSG Capital Group Occupation investment banker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Weissman, Paul, Mr. 2 Oxford Road White Plains NY 10605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self Employed Occupation Retired Aggregate Year-to-Date > \$250.00	Date (month, day, year) 3/24/2000	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Wiley, Benaree, Mrs. 703 Boylston Street Brookline MA 02146	Name of Employer The Partnership, Inc	Date (month, day, year) 3/25/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Non-Profit Business Exe	Aggregate Year-to-Date > \$500.00	
B. Full Name, Mailing Address and ZIP Code Wiley, Fletcher, Mr. 703 Boylston Street Brookline MA 02146	Name of Employer PRWT Services, WC	Date (month, day, year) 3/25/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Exective	Aggregate Year-to-Date > \$500.00	
C. Full Name, Mailing Address and ZIP Code Williams, Vanessa, Ms. 50 Old Farm Road North Chappaqua NY 10514	Name of Employer Self	Date (month, day, year) 3/24/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Singer/Actress	Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code Wolf, Michael 1010 Fifth Ave Apt 11D New York NY 10028	Name of Employer Booz Allen	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Management Consultant	Aggregate Year-to-Date > \$500.00	
E. Full Name, Mailing Address and ZIP Code Woodard, Debra, Mrs. 24 Clearview Lane New Canaan CT 06840	Name of Employer Self Employed	Date (month, day, year) 3/25/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker	Aggregate Year-to-Date > \$500.00	
F. Full Name, Mailing Address and ZIP Code Woolridge, Craig 295 West End Rd. South Orange NJ 07079	Name of Employer Blaylock Partner LP	Date (month, day, year) 3/14/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Manager	Aggregate Year-to-Date > \$2,000.00	
G. Full Name, Mailing Address and ZIP Code Woolridge, Craig 295 West End Rd. South Orange NJ 07079	Name of Employer Blaylock Partner LP	Date (month, day, year) 3/14/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Manager	Aggregate Year-to-Date > \$2,000.00	

SUBTOTAL of Receipts This Page (optional) >

\$4,500.00

TOTAL This Period (last page this line number only) >

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Zeltner, David, Esq. 127 W. 79th Street Apt. 17B New York NY 10024	Name of Employer Weil Gotshal	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Period \$250.00
	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$250.00		
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		

SUBTOTAL of Receipts This Page (optional) >

\$250.00

TOTAL This Period (last page this line number only) >

\$56,100.00

21-04-405-0003

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER
15

Other Receipts

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) Larry Graham for CongressExploratory Committee				C00348052
A. Full Name, Mailing Address and ZIP Code Banta Properties, Pizzeria Uno Main Street Poughkeepsie NY 12603		Name of Employer	Date (month, day, year) 3/20/2000	Amount of Each Receipt this Period \$100.00 Refund from overpayment of bill OTHER
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date > \$100.00	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code		Name of Employee	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date >	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	>	\$100.00
TOTAL This Period (last page this line number only)	>	\$100.00

4300 "Set" to 12

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 3

FOR LINE NUMBER

17

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NAME OF COMMITTEE (in Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Burns Associates 64 Montross Street White Plains NY 10603	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/29/2000	Amount of Each Disbursement this Period \$475.00
B. Full Name, Mailing Address and ZIP Code Global Strategy Group 611 Broadway, Suite 206 New York NY 10012	Purpose of Disbursement Polling Costs Polling Costs Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/10/2000	Amount of Each Disbursement this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code JSR Consulting PO Box 101 Port Jervis NY 12771	Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/14/2000	Amount of Each Disbursement this Period \$5,000.00
D. Full Name, Mailing Address and ZIP Code JT Graphics, Inc. 852 Commerce Street Thornwood NY 10594	Purpose of Disbursement Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/26/2000	Amount of Each Disbursement this Period \$1,110.47
E. Full Name, Mailing Address and ZIP Code Kamlet, Carolyn 413 Pelham Manor Road Pelham NY 10803	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/29/2000	Amount of Each Disbursement this Period \$375.00
F. Full Name, Mailing Address and ZIP Code KathleensTea Room Unknown Peekskill NY 10566	Purpose of Disbursement Other (Enter Description) Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/27/2000	Amount of Each Disbursement this Period \$225.00
G. Full Name, Mailing Address and ZIP Code KathleensTea Room Unknown Peekskill NY 10566	Purpose of Disbursement Other (Enter Description) Political Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/10/2000	Amount of Each Disbursement this Period \$100.00
H. Full Name, Mailing Address and ZIP Code Lapook, Judy 114 Blush Hollow Lane Port Chester NY 10573	Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/17/2000	Amount of Each Disbursement this Period \$500.00
I. Full Name, Mailing Address and ZIP Code Manhattenville College 2900 Purchase St Purchase NY 10577	Purpose of Disbursement Other (Enter Description) Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/22/2000	Amount of Each Disbursement this Period \$50.00

SUBTOTAL of Disbursements This Page (optional)

\$8,835.47

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Pizzeria Uno 842 Main Street Poughkeepsie NY 12603	Purpose of Disbursement Other (Enter Description) Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/1/2000	Amount of Each Disbursement this Period \$100.00
B. Full Name, Mailing Address and ZIP Code Pizzeria Uno 842 Main Street Poughkeepsie NY 12603	Purpose of Disbursement Other (Enter Description) Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/20/2000	Amount of Each Disbursement this Period \$387.07
C. Full Name, Mailing Address and ZIP Code Postmaster Chappaqua Street Required Chappaqua NY 10514	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/5/2000	Amount of Each Disbursement this Period \$264.00
D. Full Name, Mailing Address and ZIP Code Postmaster Chappaqua Street Required Chappaqua NY 10514	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/14/2000	Amount of Each Disbursement this Period \$330.00
E. Full Name, Mailing Address and ZIP Code Rodriguez, Hector 19 Delilah Lane Wallkill NY 12589	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/29/2000	Amount of Each Disbursement this Period \$571.92
F. Full Name, Mailing Address and ZIP Code Skadden Arps Slate Meaghe Flom 919 Third Ave New York NY 10022	Purpose of Disbursement Professional Services Professional Services Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/26/2000	Amount of Each Disbursement this Period \$963.00
G. Full Name, Mailing Address and ZIP Code Westchester Democratic Comm 170 E Post Rd White Plains NY 10601	Purpose of Disbursement Political Contributions Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/20/2000	Amount of Each Disbursement this Period \$275.00
H. Full Name, Mailing Address and ZIP Code Wopat, Christine 23 Beach Court Carmel NY 10512	Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/7/2000	Amount of Each Disbursement this Period \$600.00
Full Name, Mailing Address and ZIP Code Bell Atlantic Telephone Box 1100 Albany, NY 12250	Purpose of Disbursement Telephone Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/30/2000	Amount of Each Disbursement this Period \$260.40

SUBTOTAL of Disbursements This Page (optional)

\$3,751.39

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 3 OF 3
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Larry Graham for Congress Exploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Staples Boston Post Road Post Chester, NY 10573	Purpose of Disbursement Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/1/2000	Amount of Each Disbursement This Period \$358.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$358.50

TOTAL This Period (last page this line number only)

\$12,945.36

21-04-405-0087

SCHEDULE B

ITEMIZED DISBURSEMENTS

Refunds of Contributions to Individuals

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER
20(a)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Larry Graham for CongressExploratory Committee

C00348052

A. Full Name, Mailing Address and ZIP Code Koontz, Robert 2724 Unicorn Lane NW Washington DC 20015	Purpose of Disbursement Refund of 2/1/2000 Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/14/2000	Amount of Each Disbursement this Period \$100.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

\$100.00

TOTAL This Period (last page this line number only)

\$100.00

21 "04" 405 "0000



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Richard Laster, Treasurer
Larry Graham for Congress Exploratory
Committee
P.O. Box 80
Chappaqua, NY 10514

APR 11 2000

Identification Number: C00348052

Reference: Year End Report (7/1/99-12/31/99)

Dear Mr. Laster:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-When a committee reports receiving a loan from the candidate, it is necessary to clarify whether or not the candidate used personal funds or borrowed the money from a lending institution or some other source. If the candidate borrowed funds from a lending institution, or other source, please provide the name of the lending institution and the complete terms of the loan. Additionally, for loans from a lending institution, you must file an FEC FORM C-1 (copy attached) and a copy of the loan agreement. If the loan(s) was from personal funds, please acknowledge that fact in an amendment to this report. It is important to note that "personal funds" is strictly defined by Commission Regulations. See 11 CFR §110.10. (11 CFR §§100.7(a)(1) and 104.3(d))

-Your report includes computer produced formats of Schedules A, B, C, and the Summary Pages. Computer produced formats may only be used upon prior approval of the Commission. You should submit a separate sample format with a cover letter requesting approval. Your sample formats must include data in order to be reviewed for approval. Until your format has been approved, FEC forms must be used. (11 CFR §104.2(d))

Alternatively, freeware (FECfile) available from the FEC, can help you complete and file your reports electronically. You may obtain your free

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21-04-405-0089

copy by downloading FECfile from our website, <http://www.fec.gov>, or by calling the FEC Electronic Filing Office at (202) 694-1307.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Michael H. Young
Reports Analyst
Reports Analysis Division

21-04-405-0090

LARRY GRAHAM FOR CONGRESS
EXPLORATORY COMMITTEE
P.O. Box 80 CHAPPAQUA, NY 10514
914-238-0005

April 25, 2000

Via Priority Mail

Mr. Michael H. Young
Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E Street NW
Washington, DC 20463

ID #: C00348052

Re: Year End Report (7/1/99-12/31/99) Request

Dear Mr. Young:

In response to your letter dated April 11, 2000, I hereby submit clarification for the first item questioned. You asked for us to indicate if all loans came from personal funds:

Regarding the loans from the candidate totalling \$128,000, it is hereby acknowledged that these loans were made strictly from personal funds and no money was borrowed from any lending institution or other source for the purpose of these loans. I am also attaching an official FEC Schedule C indicating these loans. I am stating in writing that these loans were from personal funds as I see no place on Schedule C to make this fact known. I hope that this statement satisfies your request.

The second item in this letter has already been clarified in your April 20th response to our letter to you of April 17th.

Additionally, we are seeking appropriate and approved methods to file electronically in the future.

Thank you for your assistance.

Very truly yours,

Richard Laster, CAMPAIGN MANAGER

Richard Laster (For RICHARD LASTER)
Treasurer

Encl.

Name of Committee (in Full) Larry Graham for Congress Exploratory Committee						
A. Full Name, Mailing Address and ZIP Code of Loan Source Graham, Lawrence Otis (From <i>PERSONAL FUNDS</i>) 233 So. Greeley Chappaqua, NY 10514 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$8,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$8,000.00			
Terms: Date Incurred <u>12/31/99</u> Date Due <u>11/11/00</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured						
List All Endorsers or Guarantors (if any) to Item A						
1. Full Name, Mailing Address and ZIP Code 	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(This area is intentionally left blank for endorser information.)				
2. Full Name, Mailing Address and ZIP Code 	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
3. Full Name, Mailing Address and ZIP Code 	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
B. Full Name, Mailing Address and ZIP Code of Loan Source				Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Graham, Lawrence Otis (From <i>PERSONAL FUNDS</i>) 233 So. Greeley Chappaqua, NY 10514 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				\$120,000.00	\$0.00	\$120,000.00
Terms: Date Incurred <u>12/30/99</u> Date Due <u>11/11/00</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured						
List All Endorsers or Guarantors (if any) to Item B						
1. Full Name, Mailing Address and ZIP Code 	Name of Employer Occupation Amount Guaranteed Outstanding: \$			(This area is intentionally left blank for endorser information.)		
2. Full Name, Mailing Address and ZIP Code 	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
3. Full Name, Mailing Address and ZIP Code 	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
SUBTOTALS This Period This Page (optional)						\$128,000.00
TOTALS This Period (last page in this line only)						\$128,000.00

21.04.405.0092

Larry Graham for Congress

Exploratory Committee
P.O. Box 80 Chappaqua, NY 10514
914-238-0005 phone

FAX TRANSMITTAL COVER SHEET

PERSONAL AND CONFIDENTIAL

TO: Michael H. Young
Reports Analyst
Reports Analysis Division

FAX #: 202.219.3496

FROM: Christine Wopat, Campaign Manager

DATE: APRIL 26, 2000

PAGES: (3) including cover sheet

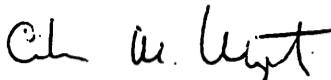
If you do not receive legible copies of all pages, please call (914) 238-4000 immediately.

COMMENTS: Dear Mr. Young,

I discussed this matter with Matt Kern from your office today April 26, 2000. He advised me to fax you the enclosed documents today and also send them by mail.

Thank you for your attention in this matter.

Sincerely yours,



Christine Wopat, Campaign Manager

21-04-405-0093

21.04.405.0094

FedEx® USA Airbill FedEx Tracking Number **807857838600** **252 952 071** **273 0200** **Sender's Copy**

1 From (please print and press hard) **Christine Wopat** **914 238-0005**
Date **5/9/88** Sender's FedEx Account Number

Sender's Name
Company **Harry Graham for Congress**
Address **233 South Greeley Avenue**
City **Chappaqua** State **NY** ZIP **10514**
Dept./Floor/Suite/Room

2 Your Internal Billing Reference Information (Optional) (First 24 characters will appear on invoice)

3 To (please print and press hard)
Recipient's Name **Michael H. Young** Phone **202-644-1130**
Company **Federal Election Commission**

Address **999 E. Street NW** **Reprographics Div**
(We Cannot Deliver to P.O. Boxes or P.O. ZIP Codes)
City **Washington** State **DC** ZIP **20463**
Dept./Floor/Suite/Room

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(Available for FedEx Priority Overnight and FedEx 2Day only)

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4a Express Package Service Packages under 150 lbs.
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(Next business morning delivery to select locations) (Higher rates apply)
☐ FedEx First Overnight
(Second business day) ☐ FedEx Express Saver
(Third business day)
FedEx Letter Note not available. Minimum charge: One pound rate.

4b Express Freight Service Packages over 150 lbs.
☐ FedEx Overnight Freight ☐ FedEx 2Day Freight ☐ FedEx Express Saver Freight
(Second business day) (Up to 3 business days)
(Call for delivery schedule. See back for detailed descriptions of freight services.)

5 Packaging ☒ FedEx ☐ FedEx ☐ FedEx ☐ Other
Letter Pak Tube Box

6 Special Handling
Does this shipment contain dangerous goods? ☐ No ☐ Yes ☐ Yes
(Shipper's Declaration)
☐ Dry Ice ☐ UN 1845 ☐ Cargo Aircraft Only
"Dangerous Goods cannot be shipped in FedEx packaging"

7 Payment
Bill ☒ Sender ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
Sender's Account No. in Section 1 will be billed

FedEx Account No. _____ Exp. Date _____
Card No. _____
Total Packages **1** Total Weight **LTR** \$ **00** Total Charges
*When declaring a value higher than \$100 per shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.

8 Release Signature Sign to authorize delivery without obtaining signature.

Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.

Rev. Date 3/98
Part #153024
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The World On Time

Larry Graham for Congress

Exploratory Committee

P.O. Box 80 Chappaqua, NY 10514
914-238-0005 phone 914-238-0006 fax

May 9, 2000

Via Federal Express

Mr. Michael H. Young
Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E Street NW
Washington, DC 20463

ID#: COO348052

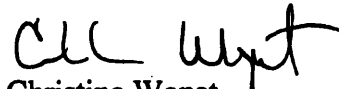
Re: Year End Report (7/1/99 -12/31/99 Request, LOAN)

Dear Mr. Young:

I am sending you all the correspondence we discussed this morning on the telephone and hope that this answers all of the FEC's questions in this matter.

Thank you for your assistance in this matter.

Sincerely yours,



Christine Wopat
Campaign Manager

21-04-405-0095

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

H

1. (a) NAME OF COMMITTEE IN FULL: Larry Graham for Congress	<input checked="" type="checkbox"/> (Check if name is changed)	2. DATE 5/5/00
(b) Number and Street Address P.O. Box 444	<input checked="" type="checkbox"/> (Check if address is changed)	3. FEC Identification Number C00348052
(c) City, State and ZIP Code Chappaqua, NY 10514	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

5. TYPE OF COMMITTEE (Check one)

- ☒ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|--|--|------------------------------------|-----------------------------------|
| Name of Candidate
Larry Graham | Candidate Party Affiliation
Democratic | Office Sought
U.S. House | State/District
NY/ 19th |
|--|--|------------------------------------|-----------------------------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Richard Laster	23 Round Hill Rd, Chappaqua, NY 10514	Treasurer


8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Richard Laster	23 Round Hill Rd., Chappaqua, NY 10514	Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Citibank (914) 238-2000	78-82 South Greeley Ave. Chappaqua, NY 10514

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Richard Laster	SIGNATURE OF TREASURER 	DATE 5/5/00
--	--	-----------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE6AN121

FEC FORM 1
(revised 4/87)

21-04-405-0096

STATEMENT OF CANDIDACY

(see reverse side for instructions)

1. (a) Name of Candidate (in full) Larry Graham			2. Identification Number
(b) Address (number and street) <input checked="" type="checkbox"/> Check if address changed 233 So. Greeley Ave.			
(c) City, State, and ZIP Code Chappaqua, NY 10514			
3. Party Affiliation Democratic	4. Office Sought U.S. House	5. State & District of Candidate New York, 19th District	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby authorize the following named political committee as my Principal Campaign Committee for the 2000 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed below.

(a) Name of Committee (in full) Larry Graham for Congress
(b) Address (number and street) P.O. Box 444
(c) City, State, and ZIP Code Chappaqua, NY 10514

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

7. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date May 4, 2000
---	---------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

CANDIDATES FOR THE OFFICE OF:

U.S. Senate mail to:
Secretary of the Senate
Office of Public Records
232 Hart Senate Office Bldg.
Washington, DC 20510-7116

All other candidates
mail to:
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

For further information contact:
Federal Election Commission
Toll-free 800/424-9530
Local 202/219-3420

1 From (please print and press hard)

Date 5/25/2000 Sender's FedEx Account Number _____

Sender's Name Lawrence Otis Graham Phone (914) 238-0005

Company _____

Address 233 South Greeley Avenue

City Chappaqua State NY ZIP 10514 Dept./Floor/Suite/Room _____

2 Your Internal Billing Reference Information
(Optional) (First 24 characters will appear on invoice)

3 To (please print and press hard)

Recipient's Name The Clerk, U.S. House of Representatives 2021 Phone _____

Company Legislative Resource Center

Address B106 Cannon House Office Building

City Washington State DC ZIP 20515-6612 Dept./Floor/Suite/Room _____

For HOLD at FedEx Location check here
☐ Hold Weekday (Not available with FedEx First Overnight)
☐ Hold Saturday (Not available at all locations and FedEx 2Day only)

For WEEKEND Delivery check here
☐ Saturday Delivery (Available for FedEx Priority Overnight and FedEx 2Day only)
☐ NEW Sunday Delivery (Available for FedEx Priority Overnight only)

Service Conditions, Declared Value, and Limit of Liability - By using this Airbill, you agree to the service conditions in our current Service Guide or U.S. Government Service Guide. Both are available on request. SEE BACK OF SENDER'S COPY OF THIS AIRBILL FOR INFORMATION AND ADDITIONAL TERMS. We will not be responsible for any claim in excess of \$100 per package whether the result of loss, damage, or delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss in a timely manner. Your right to recover from us for any loss includes intrinsic value of the package, loss of sales, interest, profit, attorney's fees, costs, and other forms of damage, whether direct, incidental, consequential, or special, and is limited to the greater of \$100 or the declared value but cannot exceed actual documented loss. The maximum declared value for any FedEx Letter and FedEx Pak is \$500. Federal Express may, upon your request, and with some limitations, refund all transportation charges paid. See the FedEx Service Guide for further details.

Questions?
Call 1-800-Go-FedEx® (800)463-3339 The World On Time

4a Express Package Service Packages under 150 lbs. Delivery commitment may be later in some areas.

☒ FedEx Priority Overnight (Next business morning)
☐ FedEx Standard Overnight (Next business afternoon)
☐ FedEx First Overnight (Earliest next business morning delivery to select locations) (Higher rates apply)
☐ FedEx 2Day (Second business day)
☐ FedEx Express Saver (Third business day)
FedEx Letter Rate not available. Minimum charge: One pound rate.

4b Express Freight Service Packages over 150 lbs. Delivery commitment may be later in some areas.

☐ FedEx Overnight Freight (Next business day)
☐ FedEx 2Day Freight (Second business day)
☐ FedEx Express Saver Freight (Up to 3 business days)
(Call for delivery schedule. See back for detailed descriptions of freight services.)

5 Packaging
☒ FedEx Letter (Declared value limit \$500)
☐ FedEx Pak
☐ FedEx Box
☐ FedEx Tube
☐ Other Pkg.

6 Special Handling (One box must be checked) (Use per package)

Does this shipment contain dangerous goods? ☒ No ☐ Yes (Shaper's Declaration not required)
☐ Dry Ice (Dry Ice, 9, UN 1845) ☐ Cargo Aircraft Only
*Dangerous Goods cannot be shipped in FedEx packaging

7 Payment

Bill to: ☐ Sender (Account No. in Section 1 will be billed) ☐ Recipient (Enter FedEx Account No. or Credit Card No. below) ☒ Credit Card ☐ Cash/Check

FedEx Account No. _____

Total Packages _____ Total Weight _____ Total Declared Value* \$ _____ Total Charges \$ _____

*When declaring a value higher than \$100 per shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.

8 Release Signature Sign to authorize delivery without obtaining signature.

Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B
For use by candidates
and new employees

Period Covered: January 1, 1999 - May 1, 2000

Laurence Otis Graham

(Full Name)

P.O. Box 444 Chippawa, New York 10514

(Mailing Address)

Daytime Telephone:

914-238-0005

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>New York</u> District: <u>4th</u>	Date of Election: <u>Sept. 2000</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against anybody who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, pages 10-11.)

Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	<i>Laurence Otis Graham</i>	May 24, 2000

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Name

Laurence Otis Graham

Page 2 of 6

List the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totalling \$200 or more during the current year to the filing date and, separately, the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL. (Rec'd 12-2-97)	Honorarium	0	\$1,000
Harris County, Texas, Public Schools	Spouse Salary	NA	NA
Outstays Community College - Parkhousie, NY (Rec'd 1-9-2000, 3-12-2000)	Salary	0	\$3000
American Program Bureau - Newton, Mass. (Rec'd 12-1-99)	Leisure fees	\$5950.00	\$7500
M. Kimerly & Co., New York, NY	Spouse salary	NA	NA
CNBC New York, NY	Spouse salary	NA	NA
U.S. News & World Report - Washington, DC	Journalist's fee	0	\$5,500
Human Resource Mgmt Assoc. - Milwaukee, WI	Consulting fee	\$3250	\$3250
M + I Corp. - Milwaukee, WI	Consulting fee	\$3000	\$3000
Bergen Community College - Paramus, NJ (Rec'd 2-14-00)	Honorarium	\$1500	0
Yale University - New Haven, CT (Rec'd 1-11-00)	Honorarium	\$238.95	0
Dartmouth Community College - Rochester, NY	Honorarium	\$1000	0
Irish & Till - Orlando, Florida	Honorarium	0	\$500
Tennis Williams Agency - New York, NY	Honorarium	0	\$1250

1

For additional assets and "unrealized income" use "next" page. 1 2

Continuation Sheet (if needed)

Laurence Otis Graham

Page 1 of 6

For additional assets and unearned income, use next page.

SCHEDULE III — LIABILITIES

Name

Lauren Otis Graham

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B	C	D	E	F	G	H	I	J	K	
			\$10,001— \$15,000	\$15,001— \$50,000	\$50,001 \$100,000	\$100,001— \$250,000	\$250,001— \$500,000	\$500,001— \$1,000,000	\$1,000,001— \$5,000,000	\$5,000,001— \$25,000,000	\$25,000,001— \$50,000,000	Over \$50,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				X							
NA	NA	NA											

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Provision Management Associates
Chairman	Westchester County Police Board
Director (uncompensated)	Westchester Holocaust Commission
"	Armenian Red Cross in Westchester
"	Boy Scouts of Westchester-Putnam County

SCHEDULE V--AGREEMENTS

Name

Page 6 of 6

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
NA	NA	NA

SCHEDULE VI--COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law.

Source (Name and Address)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting services
International Creative Mgmt, New York, NY	Freelance Journalism
U.S. News & World Report, Washington DC	Contributing editor
American Progress Bureau, Abington, MASS	Leaders
Dartmouth Community College, Psychology, NY	Teaching
Human Resource Mgmt Assoc. Melrose, MA	Consulting
M & T Corp. Melrose, MA	Consulting